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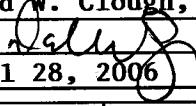
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**HOWREY LLP**  
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<b>David W. Clough, Ph.D.</b>	(Depositor's name)
	
(Signature)	
<b>April 28, 2006</b>	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/053,753	01/22/2002	Lester F. Lau	05031.003.CNUS02	6127

TITLE OF INVENTION: ANTIBODY FOR HUMAN CYR61

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/01/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
WOITACH, JOSEPH T		1632	435-029000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1 <u>HOWREY LLP</u> 2 <u>DAVID W. CLOUGH, Ph.D.</u> 3 _____	

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**MUNIN CORPORATION**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Chicago, Illinois**

Please check the appropriate assignee category or categories (will not be printed on the patent) :  Individual  Corporation or other private group entity  Government

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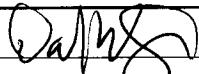
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 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **08-3038** (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_



Date **April 28, 2006**

Typed or printed name **David W. Clough, Ph.D.**

Registration No. **36,107**

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